

FILED

07 OCT 18 AM 11:24

RICHARD W. WIERING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

C 07

5314  
CW

CASE NO. \_\_\_\_\_

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

I, SCOTT DAVIS, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: N/A

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 self employed <sup>Window cleaning</sup> ~~not~~ GROSS about \$1190.<sup>00</sup>  
 5 A month TO 1500<sup>00</sup> IT VARIED month to  
 6 month TOTAL for 6 month was approx-7700<sup>00</sup>

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or  
 10 self employment

Yes \_\_\_ No ☒

11 b. Income from stocks, bonds,  
 12 or royalties?

Yes \_\_\_ No ☒

13 c. Rent payments?

Yes \_\_\_ No ☒

14 d. Pensions, annuities, or  
 15 life insurance payments?

Yes \_\_\_ No ☒

16 e. Federal or State welfare payments,  
 17 Social Security or other govern-  
 18 ment source?

Yes \_\_\_ No ☒

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 N/A

23 3. Are you married?

Yes \_\_\_ No ☒

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

none

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? yes

Yes \_\_\_ No \_\_\_

Make Ford Year 92 Model Explorer

Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ☒ No \_\_\_ (Do not include account numbers.)

Name(s) and address(es) of bank: ~~Bank~~ Washington

Mutual Santa Rosa 4th St Ca, 95407

Present balance(s): \$ about 200-300 Dollars

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

N/A

8. What are your monthly expenses? Im Incarcerated

Rent: \$ N/A Utilities: N/A

Food: \$ N/A Clothing: N/A

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 I owe Court Cost Sonoma County  
4 AND Probation Fees about 600.00

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes      No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 N/A  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 10-9-07

17 DATE

Scott Damos

SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**

**IN**

**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of SCOTT W DAVIS for the last six months at

[prisoner name]

CALIFORNIA'S MEN COLONY where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: 10-9-07

\_\_\_\_\_  
[Authorized officer of the institution]

See attached & certified  
Form next page

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA MENS COLONY  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 18, 2007 THRU SEP. 18, 2007

ACCT: F55132

ACCT NAME: DAVIS, SCOTT WILLIAM

ACCT TYPE: I

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	12.27	12.27	0.00	7.50	0.00

CURRENT  
AVAILABLE  
BALANCE

7.50-

THE WITHIN INSTRUMENT IS A PERFECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE

9-18-07

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA MEMS COLONY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 18, 2007 THRU SEP. 18, 2007

ACCOUNT NUMBER : F55132

BED/CELL NUMBER: WFU1100000000044U

ACCOUNT NAME : DAVIS, SCOTT WILLIAM

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
04/18/2007		BEGINNING BALANCE					0.00
07/17	B320	TRUST FUNDS T 16597-SQ			8.22		8.22
07/25	DD30	CASH DEPOSIT 16648/1			4.05		12.27
08/06	N516	LEGAL COPY CH 0571				2.40	9.87
08/24	N516	LEGAL COPY CH 899				9.87	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/14/2007	H104	DAMAGES HOLD	1218/W530	6.00
09/17/2007	H118	LEGAL COPIES HOLD	1239/W516	1.50

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/19/06

CASE NUMBER: \*SCR32799

COUNTY CODE: \*SON

FINE AMOUNT: \$ 311.85

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
04/18/2007		BEGINNING BALANCE		296.01
06/27/07	SU03	SYS UPDATE - POS	4.50-	291.51
07/25/07	BR30	REST BED-CASH DEPOSIT	4.50-	287.01

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA MENS COLONY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 18, 2007 THRU SEP. 18, 2007

TOTAL NUMBER OF STATEMENTS PRINTED: 1

TOTAL CURRENT BALANCE FOR ALL THE STATEMENTS: 0.00